ATTORNEY DOCKET 85593SMR UTILITY PATENT APPLICATION Customer No. 01333 TRANSMITTAL UNDER 37 CFR 1.53(b) Commissioner for Patents Express Mail Label No. To: P.O. Box 1450 EV293512331US Alexandria, VA. 22313-1450 Date: 10/12/03 COLOR DEVELOPER COMPOSITION AND IMAGING ELEMENT CONTAINING SAME First Named Inventor (or Application Identifier): Kurt M. Schroeder, et al Enclosed are: Assignment of the invention to Specification 6. X 1. Eastman Kodak Company Certified copy of a priority document 2. Sheet(s) of drawing(s) Information Disclosure Statement Under 37 CFR 1.97. Associate Power of Attorney 3. 4. Combined Declaration for Patent Application and Power of Attorney: 4a. Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 11 completed) 4b. Incorporation by Reference (useable if Box 4b is Deletion of Inventor(s). Signed statement attached deleting inventor(s) named checked) The entire disclosure of the prior application, from in the prior application, see 37 CFR 1.63(d)(2) and which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying 1.33(b). application and is hereby incorporated by reference therein. If a 111A application prior to examination of the above-identified application, amend the specification at Page 1, after the title, by inserting the following: -- CROSS REFERENCE TO RELATED APPLICATION Reference is made to and priority claimed from U.S. Provisional Application Serial No., filed, entitled. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: of prior application No:, Divisional Continuation-in-part (CIP) Continuation Please address all written communications to Paul A. Leipold, Patent Legal Staff, Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201. Please Direct all telephone calls to Sarah Meeks Roberts at 585-588-7488. The filing fee has been calculated as shown below: RATE FOR: NO. FILED NO. EXTRA **FEE BASIC FEE** \$ 770 \$ 234 **TOTAL CLAIMS** 33 -20 =13 x 18 =- 3 = 0 x 86 =\$0 INDEPENDENT CLAIMS MULTIPLE DEPENDENT CLAIM PRESENTED +290\$ 0 \$ 1004 **TOTAL** Please charge my Eastman Kodak Company Deposit Account No. 05-0225 in the amount of \$ 1004 A duplicate copy of this sheet is enclosed X The Commissioner is hereby authorized to charge any additional filing fees required under 37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. 05-0225. A duplicate copy of this sheet is enclosed.

Sarah Meeks Roberts/mec Telephone: 585-588-7488 Facsimile: 585-477-1148 Attorney for Applicants
Registration No. 33.447